

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4						
5						
6						
7						
8						
9						
10						
11	/					
12	/					
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21	/					
22	/					
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31	/					
32	/					
33		/				
34		/				
35		/				
36		/				
37	/					
38	/					
39		/				
40		/				
41		/				
42		/				
43	/					
44	/					
45		/				
46		/				
47		/				
48		/				
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	/					
52		/				
53	/					
54		/				
55	/					
56		/				
57						
58						
59						
60						
61						
62	/					
63		/				
64		/				
65		/				
66		/				
67		/				
68		/				
69	/					
70	/					
71	/					
72		/				
73		/				
74		/				
75		/				
76	/					
77	/					
78		/				
79		/				
80		/				
81		/				
82		00				
83		00				
84	/					
85	1					
86	/					
87		/				
88		/				
89	/					
90		/				
91		/				
92	/					
93	/	1				
94		1				
95						
96						
97						
98						
99						
100						
TOTAL IND.	26					
TOTAL DEP.	28					
TOTAL CLAIMS	54					